

Referral to South Phoenix Healthy Start

(If you have any questions please call (602) 304-1166)

Date: ____/____/____

Agency Referring: _____

Agency Phone: () _____ Agency Fax: () _____

Contact Name: _____

Client's Name: _____ DOB: _____

Address: _____ Zip Code _____

Phone: () _____ Spanish Speaking only: Y N

Pregnant: Y N EDB: _____

Race/Ethnicity: _____

Risk Factors

- | | | |
|---|--|---|
| <input type="checkbox"/> Teenager <18 yrs. Old | <input type="checkbox"/> Poor support system | <input type="checkbox"/> Homeless/housing issues |
| <input type="checkbox"/> Alcohol use | <input type="checkbox"/> Tobacco use | <input type="checkbox"/> Drug use |
| <input type="checkbox"/> Physical Abuse | <input type="checkbox"/> Sexual Abuse | <input type="checkbox"/> Malnutrition/underweight |
| <input type="checkbox"/> Behavioral Health issues | | <input type="checkbox"/> Previous Premature Labor/Delivery |
| List Meds if any: _____ | | <input type="checkbox"/> Preterm labor symptoms w/pregnancy |
| _____ | | <input type="checkbox"/> Multiple Gestation |
| _____ | | <input type="checkbox"/> Late Prenatal Care (after 26 wks) |

Additional Comments:

South Phoenix Healthy Start
303 East Baseline Road, Suite 104
Phoenix, AZ 85042
Phone: (602) 304-1166
Fax: (602) 276-3209
www.healthystartaz.org

Please COMPLETE the referral form and fax to SPHS at (602) 276-3209

***If you have a "Release of Information/Consent" signed by the client, please include it with referral.**